Table IX. Toxoplasmosis Prophylaxis[a]

Intervention	Indication	First Choice	Alternative	Comments
Prophylaxis against Toxoplasmosis	All transplant patients should be screened. Positive toxoplasma serology	TMP/SMX DS PO daily OR TMP/SMX DS PO 3 times/week *Peds-* TMP/SMX *75 mg/m^2 PO BID 3 days/week to a maximum dose that does not exceed an individual dose given to an adult. (trimethoprim 40 mg + sulfamethoxazole 200 mg/5 mL)	For patients who are TMP/SMX—intolerant: *Adults-* 1. Atovaquone 1500 mg PO daily 2. Dapsone* 200 mg PO[b] weekly + Pyrimethamine 75 mg PO weekly + Leucovorin 25 mg PO weekly 3. Dapsone* 50 mg PO daily + Pyrimethamine 50 mg PO weekly + Leucovorin 25 mg PO weekly *Peds-* 1. age > 2 yrs: Atovaquone 30 mg/kg PO daily, to a maximum dose of 1500 mg daily 2. Dapsone 2 mg/kg up to a maximum dose of 25 mg daily[b] + Pyrimethamine 1mg/kg/day PO up to a maximum daily dose of 25 mg + Leucovorin 5 mg PO every 3 days	Refer to Table VII (PCP prophylaxis) for duration of therapy.

[a] Toxoplasmosis is uncommon after HSCT, but it is frequently fatal (mainly due to late diagnosis). Patients with positive toxoplasma serology are at risk (Martino et al., 2000b). Any recommendation for prophylaxis is based on less than optimal evidence. TMP/SMX has proven adequate prophylaxis in the AIDS setting. The best study used TMP/SMX 160 mg/800 mg PO BID 3 times/week, and was not blinded (Podzamczer et al., 1995). The majority of patients with toxoplasmosis from the European Registry had not been receiving TMP/SMX (Martino et al., 2000a).
Patients who showed toxoplasmosis reactivation by PCR in a prospective French study had not been receiving TMP/SMX. Their PCR results became negative after TMP/SMX was started at 160 mg/800 mg three times/week (Bretagne et al., 2000). In heart transplant recipients, this dose seems to be effective (Baden et al., 2003; Munoz et al., 2003)

[b] Prior to instituting Dapsone therapy, rule out G6PD deficiency.

* Requires dose or schedule modification in renally impaired patients.